


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90155 043 \*\*\*150.00

<b>DOCUMENT # P02000066955</b> 1. Entity Name FRAMING 508 GALLERY, INC.	
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Principal Place of Business 508 SANFORD AVENUE SANFORD, FL 32771	Mailing Address 508 SANFORD AVENUE SANFORD, FL 32771
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**DO NOT WRITE IN THIS SPACE**



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0019132	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, JOANNE  
508 SANFORD AVENUE  
SANFORD, FL 32771

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FOX, SHIRLEY 508 SANFORD AVENUE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SCHNEIDER, RAE MARIE 508 SANFORD AVENUE SANFORD, FL 32771
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Shirley Fox* Shirley Fox, President 4/22/05 407-324-1577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #